This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: _	409163

Total Fee Calculation

	1 otal Fee Calculation							
		Fee Cade	Total # Claims	Number Extra	x	_Fee '	Fe: •	
1	Basic Filing Fee	S⊞. 1_E.			s	m. Eatity	Lg. Easing	<u>Total</u>
	Total Claims >20	203/103	56 -20 -	<u>36</u> ,	- Y			760.
	Ladepeadeat Claims >3	202/102	4 -1-	x				78.00
	Mulc Dep Claim Present Surcharge	205/105 ·				 .		
	Eaglish Translation	139						130.00
-	TOTAL FEE CALCULA	Πον					• •	
	and the second						-	

Fees due upon filing the application:

Total Filing Fees Due = 5 1616.

Less Filing Fees Submitted - S

BALANCE DUE = S 1616.60

Office of Initial Parent Examination

FORM OPE-RAM-01 (Rev. 12/97)